

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 6, 2003

RE: MDR Tracking #: M2-03-0597-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Physical Medicine and Rehabilitation physician reviewer who is board certified in Physical Medicine and Rehabilitation. The Physical Medicine and Rehabilitation physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient was injured in a motor vehicle accident on ___. He was hit from the side by a car. He suffered a rotator cuff injury and chest contusions, then he went into a work hardening program at ___. He had decreased range of motion and pain in his shoulder. He had some electrical stimulation which he used doing therapy and it was quite beneficial. His doctor wanted to prescribe some for home use.

Requested Service(s)

The patient has requested an electrical stimulation machine, specifically a BMR NT2000 neuromuscular stimulator.

Decision

I agree with the insurance carrier that the electrical stimulator is not medically necessary at this point.

Rationale/Basis for Decision

We are in a bit of a catch-22. Neuromuscular stimulators are generally permitted and recommended during the first 3-4 months of treatment. After that, there is no documentation or

medical evidence that it is beneficial. The patient first requested it during the first 3-4 months of treatment when, at that point, it would have been reasonable according to the literature that I am familiar with. This includes workers' compensation recommendations from ____, ____ and _____. Some of them completely deny the electrical stimulation and those that do allow it, allow it only for 3 months. Based on this, I think that at this point it is not reasonable to provide the electrical stimulator this long after the accident.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the claimant, the insurance carrier, the requestor, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 7th day of March 2003.</p>
